

# 5 STEPS TO YOUR SPENDING LIMIT REVIEW

## 1 PROVIDE YOUR BASIC CARD ACCOUNT DETAILS

Name: \_\_\_\_\_ Passport/NRIC Number: \_\_\_\_\_

Card Number: 

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Email Address: \_\_\_\_\_

Optional: Please provide your email address if you wish to receive information and/or offers on our products and services via email.

## 2 YOUR PREFERRED CREDIT LIMIT

Please tick one of the options:

I would like American Express to assign the maximum credit limit based on my application information

OR

My preferred credit limit is: S\$ \_\_\_\_\_.

## 3 ENCLOSE YOUR INCOME DOCUMENT

**For Self-Employed**

Latest Income Tax Notice of Assessment

**For Salaried Employees**

Latest 3 Months Computerised Payslip

Please note that if your latest income document reflects a lower annual income than what is currently on our records, the current credit limit may be reduced accordingly.

## 4 SIGN HERE (MANDATORY FOR BASIC AND ALL SUPPLEMENTARY CARD MEMBERS)

I/we agree that American Express may determine the credit limit of my/our new Card(s) which may be lower than my preferred credit limit. If I/we hold other Card(s) issued by American Express, I/we understand that the spending limit of all my/our Card(s) may be reviewed and revised, subject to the laws and regulations in Singapore.

Basic Card Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supplementary Card 1 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Supplementary Card 2 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## 5 MAIL THE COMPLETED FORM TO US



Scan and email to **CATSingapore@aexp.com**



Mail using this Business Reply Service Envelope

Note: You will receive written notification of any change in your spending limit(s) within four weeks of sending us your completed form and income document.

**American Express International Inc.**  
Credit Card Member Services  
Crawford Road P. O. Box 852  
Singapore 911912



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